FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:36

DOCUMENT # **S91312** **(6)**

1. Corporation Name
MR. CARL'S PEST CONTROL, INC.

Principal Place of Business	Mailing Address
860 WEST INDUSTRIAL AVENUE SUITE 1100 BOYNTON BEACH FL 33426	860 WEST INDUSTRIAL AVENUE SUITE 1100 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/31/1991**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0298919** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNABEL, EDWARD CARL IV
171 SOUTHEAST 27TH PLACE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: Michael A. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 122 SE 4th Avenue
83
84 City: Boynton Beach **FL** 85 Zip Code: 33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Michael A. Smith 4/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SCHNABEL, EDWARD CARL IV	1.2 NAME	Michael A. Smith	
STREET ADDRESS	171 SOUTHEAST 27TH PLACE	1.3 STREET ADDRESS	122 SE 4th Avenue	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	2.1 TITLE	T/S	☒ Change ☐ Addition
NAME	SCHNABEL, JULIE ANNE	2.2 NAME	Tammy G. Smith	
STREET ADDRESS	171 SOUTHEAST 27TH PLACE	2.3 STREET ADDRESS	122 SE 4th Ave	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Michael A. Smith 4/8/95 (407) 736-9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002641 CP